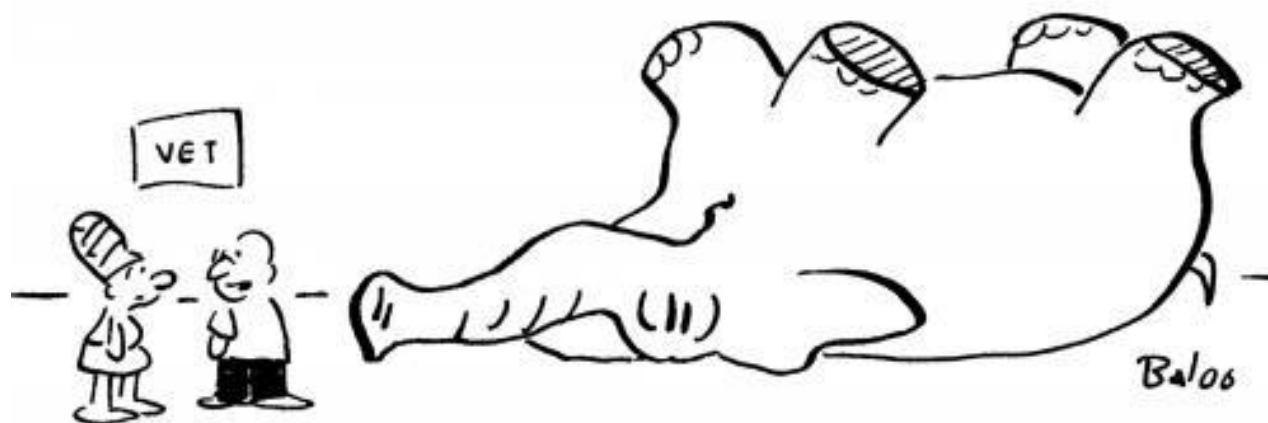


Vestibular Rehabilitation



"It may be his inner ear."

Case history

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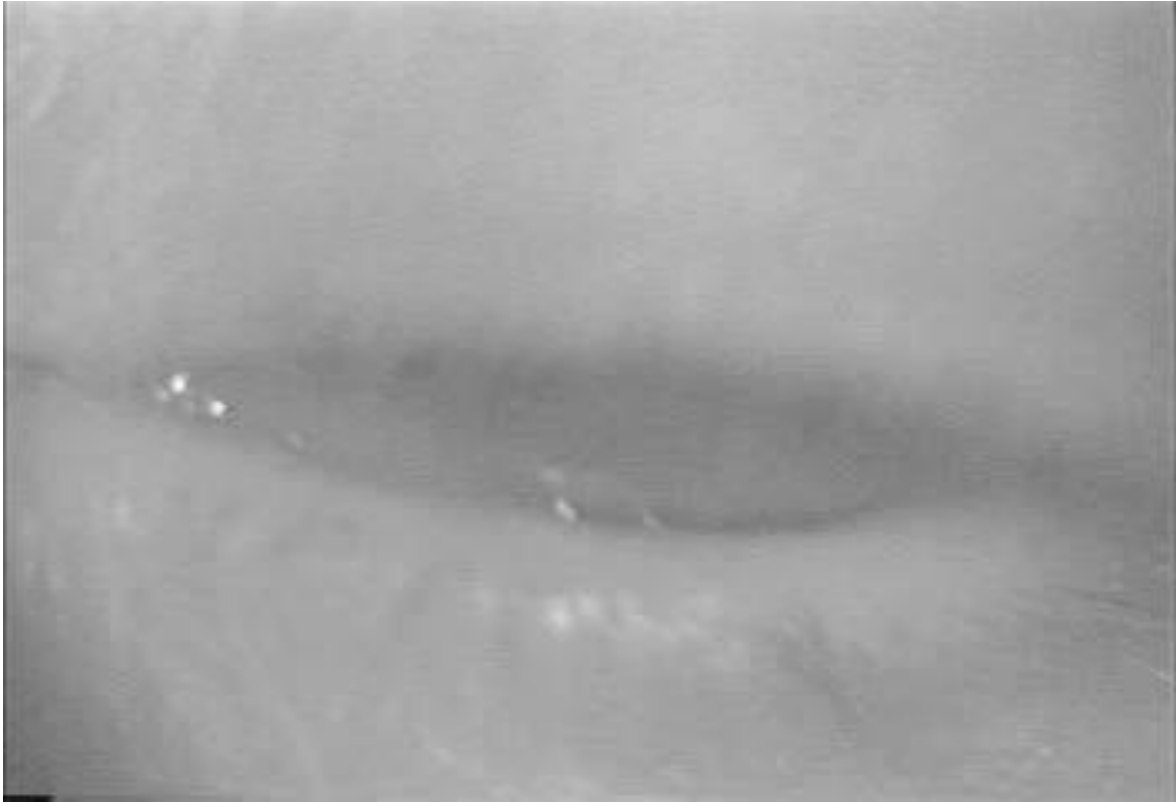
Debbie.. Aged 23?!

- 36 hours of rotatory vertigo with vomiting, the movement evoked imbalance
- This has improved but noticing:
 - 'Catch up of the world' on head movements
 - Generalised imbalance when moving head
 - Feels unstable in the dark
 - Imbalanced when walking, especially up stairs
 - Short lived spinning on rolling to left in bed

What do you do?



Your aim...What do you do first?



Test Results

- VRBQ 40% deficit
- Dix Hallpike +ve on the left
 - Torsional nystagmus to the undermost ear with upbeating component after a few s lasting for 35 s
- Oculomotor testing: WNL
- Caloric testing:
 - Left canal paresis 40%
 - Right directional preponderance 30%

Rehabilitate Me!

- Appointment 1:
 - Epley manoeuvre left to treat left sided posterior canal BPPV
- Appointment 2:
 - Check BPPV resolved
 - VR assessment and tailor made plan of exercises

Vestibular Rehabilitation Assessment

- Exercise level generating symptoms and exercises chosen:
 - Herdman x 2 paradigm (*adaptation*)
 - Head shake eyes closed sitting (*habituation*)
 - Head nod eye closed standing (*habituation*)
 - Sharpened Romberg (modified) eyes closed (*substitution*)
 - Patient voiced: walking upstairs (*habituation*)
 - *Every day short walk with partner*

Other Important Things?

- Patient goals and times able to do exercises
- Handout with exercises on it
- Exercises at mild level of symptom generation with gap in-between each one
- Close follow up and progression of exercises until patient able to do independently
- Yoga/ relaxation/light exercise when able